

SERFF Tracking Number:	CRUM-127795724	State:	Arkansas
Filing Company:	United States Fire Insurance Company	State Tracking Number:	50255
Company Tracking Number:			
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	USF Student PPACA Endorsement		
Project Name/Number:	/		

Filing at a Glance

Company: United States Fire Insurance Company

Product Name: USF Student PPACA SERFF Tr Num: CRUM-127795724 State: Arkansas

Endorsement

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 50255
Closed

Sub-TOI: H04.001 Student Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Vera Harwell, Debbie Disposition Date: 12/06/2011

Deluccia, Howard DeBare, George

French, Giovana Earl

Date Submitted: 11/14/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Large

Group Market Type: Blanket, Trust

Overall Rate Impact:

Filing Status Changed: 12/06/2011

State Status Changed: 12/06/2011

Deemer Date:

Created By: Vera Harwell

Submitted By: Giovana Earl

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Dear Honorable Bradford:

The attached filing is hereby submitted for review and approval. This filing includes an Endorsement to amend our current Student Accident & Health Policy that was approved by your department on May 2, 2006. This filing is in an

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effort to aid in the compliance with the changes mandated by the Patient Protection Affordable Care Act of 2010. In addition, we are submitting an alternate schedule with Preferred Provider Network benefits in order to keep premiums low for students.

Should you require any further information, or have any questions, please feel free to contact me at the information provided below. Your consideration is appreciated.

Sincerely,

Jennifer Pedersen
Contract and Compliance Administrator
Fairmont Specialty, a part of Crum & Forster Group
5 Christopher Way, 3rd Floor
Eatontown, NJ 07724
732-676-9834
JPedersen@fairmontspecialty.com

Company and Contact

Filing Contact Information

Vera Harwell, Compliance Manager vharwell@fairmontspecialty.com
5 Christopher Way 732-676-9819 [Phone]
Eatontown, NJ 07724 732-542-4082 [FAX]

Filing Company Information

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 13-5459190	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per for, two forms being filed.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Fire Insurance Company	\$100.00	11/14/2011	53712962

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/06/2011	12/06/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/16/2011	11/16/2011	Vera Harwell	12/01/2011	12/01/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
AHC27261-AR	Note To Reviewer	Vera Harwell	12/05/2011	12/05/2011
Form AHC-27261	Note To Filer	Rosalind Minor	12/02/2011	12/02/2011

<i>SERFF Tracking Number:</i>	<i>CRUM-127795724</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>50255</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>USF Student PPACA Endorsement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 12/06/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

This submission is being approved effective on this date with the exception of Form AHC 27261. Form AHC 27261 is being withdrawn as discussed in a telephone conversation on this date with Vera Harwell.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	PPACA Endorsement	Approved-Closed	Yes
Form	Alternate Schedule	Withdrawn	No
Form	Alternate Schedule	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/16/2011

Submitted Date 11/16/2011

Respond By Date

Dear Vera Harwell,

This will acknowledge receipt of the captioned filing.

Objection 1

- Alternate Schedule, AHC27261 (Form)

Comment:

The schedule of benefits and the percentage of benefits payable the PPO and Non-PPO are not in compliance with our Bulletin 9-85 which states in part that the difference in benefit levels, i.e., deductibles and co-pay provisionsions, etc., offered to the insured must not be so great as to practically require that the health care service be rendered by a particular hospital or person. The Department will presume that a difference exceeding 25% in benefit levels effectively negates an insured's freedom to utilize non-panel providers.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 12/01/2011
 Submitted Date 12/01/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: I have revised the Alternate Schedule to reflect a difference of 25% between in and out of network charges. United States Fire Insurance Company agrees to never have a range greater than 25% between these benefits.

Related Objection 1

Applies To:

- Alternate Schedule, AHC27261 (Form)

Comment:

The schedule of benefits and the percentage of benefits payable the PPO and Non-PPO are not in compliance with our Bulletin 9-85 which states in part that the difference in benefit levels, i.e., deductibles and co-pay provisionsions, etc., offered to the insured must not be so great as to practically require that the health care service be rendered by a particular hospital or person. The Department will presume that a difference exceeding 25% in benefit levels effectively negates an insured's freedom to utilize non-panel providers.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Alternate Schedule	AHC27261-AR		Schedule Pages	Revised			A_SPPOSchedule 12-1.pdf

SERFF Tracking Number: *CRUM-127795724* *State:* *Arkansas*
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No Rate/Rule Schedule items changed.

Sincerely,
Debbie Deluccia, George French, Giovana Earl, Howard DeBare, Vera Harwell

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Company Tracking Number:
TOI: *H04 Health - Blanket Accident/Sickness* *Sub-TOI:* *H04.001 Student*
Product Name: *USF Student PPACA Endorsement*
Project Name/Number: /

Note To Reviewer

Created By:

Vera Harwell on 12/05/2011 09:21 AM

Last Edited By:

Rosalind Minor

Submitted On:

12/06/2011 12:46 PM

Subject:

AHC27261-AR

Comments:

Hello Rosalind,

I apologize for the confusion, I added the AR specification to show the distinction that we will keep the 25% difference rule for AR. If this is not what you prefer, I can change the schedule form number and remove the AR.

Thank You,

Jennifer Pedersen

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Company Tracking Number:
TOI: *H04 Health - Blanket Accident/Sickness* *Sub-TOI:* *H04.001 Student*
Product Name: *USF Student PPACA Endorsement*
Project Name/Number: /

Note To Filer

Created By:

Rosalind Minor on 12/02/2011 10:08 AM

Last Edited By:

Rosalind Minor

Submitted On:

12/06/2011 12:46 PM

Subject:

Form AHC-27261

Comments:

Vera, Do you want me to withdraw the above Form since you sent a replacement Form AHC-27261AR?

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/06/2011	AHE-27261-PPACA 2010	Certificate	PPACA Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	PPACA USF Endorsement. pdf
Withdrawn 12/06/2011	AHC27261	Schedule	Alternate Schedule Pages	Initial		0.000	A_SPPOSche dule.pdf
Approved-Closed 12/06/2011	AHC27261-AR	Schedule	Alternate Schedule Pages	Revised	Replaced Form #: Previous Filing #:		A_SPPOSche dule 12-1.pdf

PPACA AMENDATORY ENDORSEMENT

**PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
NON-GRANDFATHERED GROUP POLICY/CERTIFICATE RIDER**

The [Policy/Certificate], to which this rider is attached and becomes a part, is amended as stated below.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to the [Policy/Certificate] as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective [mm/dd/yyyy], some of the benefits, terms, conditions, limitations, and exclusions contained in Your [Policy/Certificate] will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your [Policy/Certificate], the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your [Policy/Certificate] and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your [Policy/Certificate] are more beneficial to You than are the provisions of this Rider.

Definitions

For the purposes of this Rider, the following definitions shall apply:

"Emergency services" means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and, within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required to stabilize the patient.

"Essential health benefits" means benefits covered under the [Policy/Certificate], in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.

"Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152). 2

"Stabilize" means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Lifetime Dollar Limits

If Your [Policy/Certificate] contains a lifetime dollar maximum on the value of all benefits, such lifetime dollar maximum no longer applies. If Your [Policy/Certificate] contains a lifetime dollar maximum(s) on the value of specific benefits that are Essential Health Benefits, such lifetime dollar maximum(s) no longer apply. If coverage under this [Policy/Certificate], for You or another person in Your family, ended by reason of reaching a lifetime dollar maximum, and You or Your family member are eligible for benefits under this [Policy/Certificate], You will receive written notice that You or Your family member are once again eligible for benefits under this [Policy/Certificate]. If Your family member is no longer enrolled under this [Policy/Certificate], he or she will be given an opportunity to re-enroll. We must provide You this written notice and, if applicable, the opportunity to re-enroll, by [mm/dd/yyyy].

Annual Dollar Limits

Essential Health Benefits provided within Your [Policy/Certificate] [are subject to an annual dollar maximum that is the greater of: 1) \$750,000 (for the year beginning [mm/dd/yyyy]), \$1,250,000 (for the year beginning [mm/dd/yyyy]), \$2,000,000 (for the year beginning [mm/dd/yyyy]); or 2) the amount(s) shown on [page # and/or Section]] [or [are not subject to any annual dollar maximum(s)]]. [Coverage for benefits that are not Essential Health Benefits will not be taken into account when determining whether You have met or exceeded the annual dollar maximum, if any, as described above.]

Rescissions

We may not rescind Your [Policy/Certificate] based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud, or made an intentional misrepresentation of material fact, as prohibited by the terms of Your [Policy/Certificate]. We must provide at least 30 days advance written notice before Your [Policy/Certificate] may be rescinded. You have the right to appeal any such rescission.

Preventive Services

In addition to the [Covered Services] listed in [Section] of Your [Policy/Certificate], the following services shall be covered without regard to any deductible, copayment, or coinsurance requirement that would otherwise apply:

- (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
- (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
- (3) with respect to Covered Persons who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
- (4) with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration. For purposes of this section, recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued in or around November 2009 are not considered to be current. No recommendation of the United States Preventive Service Task Force shall serve to reduce the mammogram benefits described on [Page # and/or Section] of your [Policy/Certificate].

Extension of Coverage to Dependents

Notwithstanding the eligibility requirements described in [Section] of Your [Policy/Certificate], a child in Your family is eligible to become a Covered Person if the child: 1) is under age 26, and 2) is related to You by one of the relationships listed in [Section] of Your [Policy/Certificate].

Right to Appeal

You have the right to appeal any decision or action taken by Us to deny, reduce or terminate the provision of or payment for health care services requested or received under Your [Policy/Certificate]. When We have denied, reduced, or terminated a requested service or payment for a service covered by Your [Policy/Certificate] based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization not associated with Us. We must provide you with certain written information, including the specific reason for Our decision and a description of Your appeal rights and procedures, every time We make a determination to deny, reduce or terminate the provision of or payment for health care services requested or received under Your [Policy/Certificate].

Emergency Services

We shall cover Emergency Services without the need for any prior authorization determination and without regard as to whether the health care provider furnishing such services is a Participating Provider. Care provided by a Non-participating Provider will be paid at no greater cost to the Covered Person than if the services were provided by a Participating Provider.

Direct Access to Obstetricians and Gynecologists

In addition to the Woman's Principal Health Care Provider described in [Section] of Your [Policy/Certificate], a female Covered Person may see any available participating health care professional who specializes in obstetrics or gynecology without referral from her Primary Care Provider.

Obstetrical and gynecological care authorized or ordered by a health care professional who specializes in obstetrics or gynecology will be treated as authorized by the Primary Care Provider.

Selection of a Primary Care Provider

You may designate any available participating Primary Care Provider who is available to accept You to be Your Primary Care Provider as required under [Section] of Your [Policy/Certificate]. Your child's legal representative may designate a physician (allopathic or osteopathic) who specializes in pediatrics as his or her Primary Care Provider as required under [Section] of Your [Policy/Certificate].

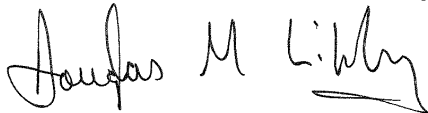
Preexisting Condition Limitations

With respect to Covered Persons who are under [19] [26] years of age, notwithstanding the Preexisting Condition Limitations described in [Section] of Your [Policy/Certificate/Rider], no health care service or treatment will be denied, limited, or excluded based on the fact that a medical condition was present before the effective date of Your [Policy/Certificate], whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day. With respect to Covered Persons who are under [19] [26] years of age, any provision previously attached to the [Policy/Certificate] excluding coverage for a specific condition is removed and shall be considered null and void.

Questions/Contact Information

Questions regarding this Rider can be directed to [insert contact information]. This Rider takes effect on the [later of the] effective date [of the [Policy] [/] [Certificate] to which it is attached] [or [Month Day, Year]] [shown in the Certificate Schedule]. This Rider terminates concurrently with the [Policy] [/] [Certificate] to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the [Policy] [/] [Certificate] except as stated.

IN WITNESS WHEREOF:

United States Fire Insurance Company

Douglas M. Libby
Chairman and CEO

PART I. SCHEDULE OF BENEFITS

Deductible **[-0-]**

[The Deductible will be waived when treatment is rendered at the Student Health Center]

Coinurance **[100%]**

If you receive care [within the Network] [from a Preferred Provider] any **covered expenses** will be paid at the [In-Network] [Preferred Provider] level of benefits. If [an In-Network] [a Preferred] Provider is not available within [25 miles of] your Network Area, benefits will be paid at the level of benefits shown as [In-Network] [Preferred Provider] benefits. If the Covered Medical Expense is incurred due to an emergency treatment, benefits will be paid at the [In-Network] [Preferred Provider] level of Benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used. The Benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto.] [The [In-Network] [Preferred Provider] for this plan is [University Hospital][Community Care Network].

After the Deductible has been satisfied, benefits will be paid as listed for the Provider selected.

Inpatient	[In-Network][Preferred] Provider	[Out-of-Network]
[Hospital Expenses.	[[100%] [of Preferred Allowance]]	[[75%] [of URC]]
[Intensive Care Expenses]	[[100%] [of Preferred Allowance]]	[[75%] [of URC]]
[Surgeon's Fees [in accordance with data provided by Ingenix, Inc.] [No more than [one] surgical procedure will be covered [when multiple procedures are performed though the same incision] [or] [in immediate succession]	[[100%] [of Preferred Allowance]]	[[75%] [of URC]]
[Anesthetist]	[[100%] [of Preferred Allowance]]	[[75%] [of URC]]
[Registered Nurse's Services. [Private duty nursing care.]]	[[100%] [of Preferred Allowance]]	[[75%] [of URC]]
[Doctor's Visits.	[[100%] [of Preferred Allowance]] [\$10-\$200 copay]	[[75%] [of URC]] [\$10-\$200 copay]
[Radiation Therapy] [and] [Chemotherapy]	[[100%] [of Preferred Allowance]]	[[75%] [of URC]]
[Injections [including benefits for routine immunizations]	[[100%] [of Preferred Allowance]] [\$10-\$200 copay]	[[75%] [of URC]] [\$10-\$200 copay]
[Tests and Procedures.	[[100%] [of Preferred Allowance]] [\$10-\$200 copay]	[[75%] [of URC]] [\$10-\$200 copay]
[Physiotherapy.	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of URC]] [\$10-\$300 copay]
[*Psychotherapy / Mental Nervous Disorders. [Prescription Drugs for Psychotherapy are payable under the Prescription Drug Benefit.] [See Endorsement Attached]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of URC]] [\$10-\$300 copay]

SCHEDULE OF BENEFITS (Continued)

Outpatient	Preferred Provider	Out-of-Network
[Surgeon's Fees] [in accordance with data provided by Ingenix, Inc.] [No more than [one] surgical procedure will be covered [when multiple procedures are performed though the same incision] [or] [in immediate succession]]	[[100%] [of Preferred Allowance]]	[[[75%] [of UCR]]
[Day Surgery Miscellaneous.] [Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.]]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Anesthetist]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Doctor's Visits.] [Benefits are limited to [one] visit per day. Benefits for Physician's visits do not apply when related to [surgery] or [physiotherapy]].]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of UCR]] [\$10-\$300 copay]
[Outpatient Miscellaneous Benefits]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Medical Emergency Expenses.] [Attending Physician's charges,] [x-rays,] [laboratory procedures,] [injections,] [use of the emergency room] [and] [supplies]. [The Deductible will be waived when treatment is rendered at Student Health Center.]]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of UCR]] [\$10-\$300 copay]
[Diagnostic X-ray Services.] [One mammogram per policy year covered at [100%] of Covered Medical Expenses [for women over age [35]]]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of UCR]] [\$10-\$300 copay]
[Laboratory Services.] [including one routine pap smear] [per Policy Year.]]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of UCR]] [\$10-\$300 copay]
[Radiation Therapy] [and] [Chemotherapy]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Injections] [including benefits for routine immunizations] [when administered in the Physician's office and charged on the Physician's statement.]]	[[100%] [of Preferred Allowance]] [\$10-\$200 copay]	[[75%] [of UCR]] [\$10-\$200 copay]
[Tests and Procedures.] [Diagnostic services] [and] [medical procedures] performed by a Physician, other than [Physician's visits,] [physiotherapy,] [x-rays] [and] [laboratory procedures.]]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of UCR]] [\$10-\$300 copay]

SCHEDULE OF BENEFITS (Continued)

Outpatient	Preferred Provider	Out-of-Network
[Physiotherapy. [Benefits are limited to one visit per day.] [Outpatient Physiotherapy benefits are payable only when treatment [is for a condition that requires surgery or Hospital Confinement;] [(1) within the 30 days immediately preceding such Physiotherapy;] [or] [(2) within the 30 days immediately following the attending Physician's release for rehabilitation.]]]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of UCR]] [\$10-\$300 copay]
[*Psychotherapy / Mental Nervous Disorders. [Prescription Drugs for Psychotherapy are payable under the Prescription Drug Benefit.] [See Endorsement Attached]	[[100%] [of Preferred Allowance]] [\$10-\$300 copay]	[[75%] [of UCR]] [\$10-\$300 copay]
Other Additional Benefits	Preferred Provider	Out-of-Network
[Ambulance Services. [Ambulance Benefits are limited to [\$350 per trip] for ground transportation.]]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Braces and Appliances. [A written prescription must accompany the claim when submitted.] [Replacement braces and appliances are not covered.] [Benefits include prosthetic devices.]]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]] [[75%] [of UCR]]
[Dental Treatment [made necessary by Injury to Natural Teeth.]]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Dental Treatment [for] [impacted wisdom teeth] [and] [dental abscess].]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]] [[75%] [of UCR]]
[Consultant Physician Fees	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Prescription Drugs.] [Covered Expenses include prescription drugs dispensed at your participating institution's student health center.]	[MEDCO] Provider [See the [MEDCO] Flyer for more information on this Prescription Drug Benefit.] [[\$10] copay per prescription for generic drugs [/] [\$15] copay per prescription.] [Drugs and medicines lawfully obtainable only upon written prescription of a Physician [, for name brand drugs based on a [30]-day supply per prescription].]	[Non-MEDCO Provider] [[\$10] Deductible] [The Deductible is [per prescription] [and] [is in addition to the Policy Deductible.] [Usual and Customary Charges.] [\$250] maximum per Policy Year.] [Drugs and medicines lawfully obtainable only upon written prescription of a Physician] [, based on a [30]-day supply per prescription].]
[Hospice Care]	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Home Health Services	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Mammography,	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]
[Substance Abuse	[[100%] [of Preferred Allowance]]	[[75%] [of UCR]]

If you have Other Insurance: ☐ **Excess Insurance** ☐ **Primary Insurance** ☐ **Coordination of Benefits**

[Excess Insurance - Your benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the **covered expenses** up to the limits of the policy. If there are other valid and collectible benefits available from any other source We will pay a minimum benefit amount of \$100 and thereafter We will pay any excess amount unpaid from Your primary insurance.]

[Primary Insurance - Your benefits are payable for **covered expenses** regardless of any other amounts payable by any other plan providing medical expense benefits.]

[Coordination of Benefits – See Endorsement Attached.]

NOTES:

- We do not pay benefits for the amount of **covered expenses** paid by you as your **coinsurance** amount.
- **Covered expenses** will be paid under the inpatient benefits for surgery and under the outpatient benefits for surgery, but not both for the same or related procedure.

["Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in your local school area are:

[List Preferred Providers in School Area here]

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by calling us at 1-800-XXX-XXXX and/or by asking the provider when you make an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

"Allowable Charges" means the [United States Fire] Insurance Company's allowance for a specified Covered Medical Expense or the Provider's charge for the service, whichever is less.

Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient hospital expenses at a Preferred Hospital will be covered at 100%, up to any limits specified in the Schedule of Medical Expense Benefits. Call (800) XXX-XXXX for information about Preferred Hospitals.

OUT OF NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, your eligible inpatient hospital expenses will be paid according to the benefit limits in the Schedule of Medical Expense Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount your bills for outpatient hospital expenses. Benefits are paid according to the Schedule of Benefits. You pay any amount that exceeds the Benefits shown on the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by [name of network or physician groups] will be paid at the lesser of [100%] of the Preferred Allowance or [80%] of the Usual and Customary charge. All other providers will be paid according to the benefit limits in the Schedule of Medical Expense Benefits.

SPECIAL PROVIDER ARRANGEMENTS

[Affiliated Physicians, Inc. and Doctors Walk-In Clinics] [have] agreed to accept special reduced reimbursement rates for treatment rendered to students. Eligible [Physician] services provided by [Affiliated Physicians, Inc. and Doctors Walk-In Clinics] will be paid at [100%] of these negotiated rates, up to the Schedule of Medical Expense Benefits limits.

You will be responsible for all out of pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Schedule of Medical Expense Benefits.]

SERFF Tracking Number:	CRUM-127795724	State:	Arkansas
Filing Company:	United States Fire Insurance Company	State Tracking Number:	50255
Company Tracking Number:			
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	USF Student PPACA Endorsement		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: See attached Attachment: Readability Cert.pdf	Approved-Closed	12/06/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	12/06/2011

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary Comments: Attachment: Checklist AR.pdf	Approved-Closed	12/06/2011

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • 3rd Floor • Eatontown, NJ 07724

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a combined Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Combined Flesch Score
AHC27261	STUDENT ACCIDENT AND SICKNESS CERTIFICATE	40
AHE-27261-PPACA 2010	USF PPACA Endorsement	

United States Fire Insurance Company



Signature

Gary M. McGeddy

Printed Name

Executive Vice President

Title

11-04-2011

Date

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

- ☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)
- ☒ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
United States Fire Insurance Company	0158-21113		AHC27261	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

[Reset Form](#)

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number:	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number:	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

[Reset Form](#)

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: See Endorsement			